NHS
Lambeth
Clinical Commissioning Group

NHS Lambeth Clinical Commissioning Group (CCG) Borough Prescribing Committee (LBPC)

Minutes of the Meeting held on 20 September 2017 at 10.00am
Lewisham Room, 1 Lower Marsh

Present:

Dr Di Aitken (DA)	GP, Chair, South East Locality
Dr Miriam Ish-Horowicz (MH)	GP, Local Medical Committee (LMC) representative
Dr Sadru Kheraj (SK)	GP South East Locality
Dr Liz Williams (LW)	GP South West Locality
Iris Javaid (IJ)	Practice Nurse, Medicines Optimisation Lead
Rimal Patel (RP)	Community Pharmacy Medicines Optimisation Lead
Dilip Joshi (DJ)	Local Pharmaceutical Committee (LPC) Representative
Jane Stopher (JSt)	Interim Assistant Director Long Term Conditions
Jenny Sivaganam (JS)	Senior Clinical Commissioning Pharmacist
Finlay Royle (FR)	Senior Clinical Commissioning Pharmacist
Maria Yousif (MY)	Clinical Commissioning Pharmacist
Buki Odunlami (BO)	Clinical Commissioning Pharmacist
Apologies	
Michelle Binfield (MB)	Commissioning Manager, Lambeth Local Authority
Anna Hodgkinson (AH)	Senior Clinical Commissioning Pharmacist
Mike Salter (MS)	Acting Chief Pharmacist
Michelle Duffy (MD)	Prescribing Support Dietitian

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1.**Welcome and Introductions** The Chair welcomed all to the meeting.	
2. Apologies for absence The Committee is asked to receive apologies for absence.	
3. Minutes of previous meeting, action log and Declaration of Interests The minutes of the July 2017 meeting were approved as an accurate record. LW declared a practice she works for has made an appeal against achievement of the Medicines Optimisation Scheme 2016-17. It was noted that the appeals are anoymised. Action log: DA is meeting with the Patient Participation Group network and will be discussing the self care agenda.	
4. Edoxaban prescribing rebate scheme The item was deferred as the presenter was unable to attend.	

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5. 2016/17 Medicines Optimisation Scheme appeals • **Practice A** **Indicator appealed: % Long-acting beta$_2$ agonist and long-acting muscarinic receptor antagonists (LABA/LAMA) combination devices of all LAMA devices – achievement criteria: ≥5%** The practice supplied evidence to support that the work to identify patients prescribed LAMA devices had been undertaken and the majority of patients were changed to combination LABA/LAMA inhalers. However there were two patients who failed to attend for review despite multiple invites. One patient with an erratic lifestyle was referred to secondary care respiratory services for review and the other patient was attending multiple hospital appointments due to multiple cancer diagnosis, making attendance for review at the practice difficult. The practice overall percentage of combination LABA/LAMA inhalers prescribed improved over the measuring period. There were low numbers of patients on single LAMA inhalers therefore the impact of being unable to review two patients would have a significant effect on achievement of the indicator. The Committee acknowledged that the work had been done and the learning embedded. The appeal was accepted. • **Practice B** **Indicator appealed: % LABA/LAMA combination devices of all LAMA devices – achievement criteria: ≥5%** The practice used the EMIS web searches provided, to identify the patients to review for this indicator. The practice completed the review work early in the financial year and changed all patients over to combination LABA/LAMA inhalers. The practice began the measuring period (Q4) with no patients prescribed single inhalers. Therefore they were unable to improve their percentage as there was no prescribing to review and change. The Committee acknowledged the work had been done and the learning embedded. The appeal was accepted. The LPC representative queried why an appeal was necessary in these circumstances. An appeal is necessary as per the terms of the service level agreement between the CCG and the practices. • **Practice C** **Indicator appealed:Omega-3 and other fish oils cost per 1000 patients per month - achievement criteria: ≤£3.32 per 1000 patients per month** The practice did the work to identify and review the relevant patients prescribed omega 3 products. However there were two patients, where prescribing has continued due to a diagnosis of hyperlipidemia where omega-3 had been initiated by the specialist. Prescribing in one of these patients was discontinued as a trial however their lipid levels worsened and so prescribing was reinitiated. The Committee discussed National Institute of Health and Care Excellence (NICE) and local guidance, which covers when omega-3 should be prescribed in primary care but does not cover prescribing in the context of specialist clinics. In quarter 4 the practice spend per 1000 patients was £7.76, which demonstrated a decrease compared to quarter 2. Additionally the NHS South East London Interface Prescribing policy states that prescribing should be in line with	JS to draft appeal outcome letters and send to DA and MS for approval.

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formulary indications, except in exceptional circumstances with supporting evidence from the secondary care clinician. The Committee stated that a focus on enforcing the requirements of the interface prescribing policy within secondary care going forward would be valuable. The Committee acknowledged that it can be difficult to review and change prescribing initiated in secondary care. The Committee acknowledged the work that had been done. The appeal was accepted. • **Practice D** **Post-meeting note** **An appeal received for this practice was presented and discussed at this meeting. Post meeting it was discovered that a detailed document written by the practice to support their appeal had been missed from the agenda pack. This appeal will be presented again, in full at the next committee meeting in November 2017. Therefore the discussion has been removed from these minutes.** • **Practice E** **Indicator appealed: % reduction in isradipine items compared to Q4 2015-16 - achievement criteria: ≥90% reduction** The practice had one patient prescribed isradipine. Prescribing was discontinued in February 2017 therefore not reflected in Q4 data**.** The appeal was rejected as the review was carried out late in the year and there was a supporting OptimiseRX message. The importance of early review was stressed at the launch events and the practice did not supply any supporting evidence for late review. **Indicator appealed: % generic lamotrigine items of all lamotrigine items - achievement criteria: ≥95%** The practice had one patient who was prescribed generic lamotrigine but was intolerant and was therefore prescribed the branded version. The practice achieved 86% on this indicator. The practice did not provide sufficient evidence to support this appeal and so the appeal was rejected. **Indicator appealed: % generic levetiracetam items of all levetiracetam items - achievement criteria: ≥98%** Prescribing for one patient was changed from generic to branded levetiracetam by the specialist. The practice discussed changing back to the generic version with the patient in July 2017, who did not wish to change the regime. The practice achieved 97%. The Committee acknowledged the work that had been completed as indicated by 97% achievement and that the specialist changed to brand prescribing. The appeal was accepted. **Indicator appealed: % venlafaxine modified release (MR)tablet items of all venlafaxine modified release preparation items - achievement criteria: ≥90%** The practice has one complex patient with poor adherence, prescribed 18 medications. One of which is venlafaxine MR capsules. The patient had trialled venlafaxine MR tablets in Aug 2014. Prescribing for the patient was reviewed in September 2014 and they were changed to venlafaxine MR capsules because the patient was confused with all the other tablets they take. The patient did not want to change back to MR tablets when reviewed in November 2016.The	

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practice achievement was 83%. The practice did not provide sufficient evidence to support this appeal and so the appeal was rejected. • **Practice F** **Indicator appealed: Wound Care Net Ingredient Cost (NIC) per item per month - achievement criteria: ≤ £9.17 NIC per item per month** The practice achieved a spend figure of £12.00 NIC per item per month at the end of Q4. The practice nurse has a special interest in wound care and has worked one day a week with the local acute trust dermatology department to increase learning. The practice nurse is aware of the guidelines and has shared knowledge gained, with the practice team. An audit was undertaken on dressings prescribed during April to October 2016 retrospectively and a number of good practice/cost effective prescribing suggestions were identified and implemented. The practice identified three patients with long term heavy use of wound dressings: • A child with complex needs who required dressings at a cost of £970 in Q1. The practice is fully engaged with the mother and nurses involved in care, to ensure cost effective use of dressings. • One patient with extensive ulceration of both legs and a dressings cost of just under £300 per month. The practice nurse is liaising with the District Nursing team in an effort to ensure cost effective prescribing of dressings. • One patient who is diabetic with a history of substance misuse who has a large thigh wound and requires multiple non-preferred list dressings including larvae. The practice has undertaken a second audit since October 2016 and has shown improvement in many areas of dressings prescribing. The audit has confirmed that silver and honey dressings are being used in line with guidelines. The practice feels if the patients with long term heavy use patients were excluded, they would meet the achievement criteria. The evidence submitted was of a good standard and demonstrated the good work the practice have undertaken to ensure prescribing is in line with local guidance and cost-effective. The Committee accepted the appeal. **Indicator appealed: % preferred isosorbide mononitrate (ISMN) modified release 60mg preparations of all isosorbide mononitrate modified release 60mg items achievement criteria ≥85%** The practice completed the review work early in the financial year and changed prescribing to the preferred brand. One patient on repeat prescriptions was missed as the patient did not request a repeat prescription until March 2017 and repeats do not trigger the OptimiseRx message. The practice used in-house built EMIS searches to identify patients prescribed non-preferred brands of ISMN rather than the EMIS searches provided by the Medicines and Long Term Conditions Team. As a result the practice did not identify and review prescribing for a further 3 patients who were prescribed a non-preferred brand. The appeal was rejected. **Indicator appealed: % "YourMAG" items of all solid dose oral magnesium items achievement criteria ≥ 90%** The practice completed the review work in December 2016 and changed prescribing to the preferred brand. It is unclear from the evidence provided if the	

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practice used the EMIS searches developed by the Medicines and Long Term Conditions Team. Subsequently while preparing their appeal these searches along with ePACT data provided to the practice, were used. A further two patients prescribed solid dose oral magnesium products were identified. One patient identified was prescribed a solid dose oral magnesium product generically in January 2017 but then changed to YourMAG later in quarter 4. This change would not have been reflected in Q4 prescribing. Prescribing generically for this one patient has caused the practice to miss the achievement criteria. The appeal was rejected. **Indicator appealed: % venlafaxine modified release (MR) tablet items of all venlafaxine modified release preparation items - achievement criteria: ≥90%** The practice identified 14 patients prescribed venlafaxine MR preparations in July 2016, the majority of whom were already receiving MR tablet formulation and required no change. Of the patients prescribed MR capsule formulation, one patient has bi-polar affective disorder and has been reviewed by the specialist in March 2016, at which point they agreed to try venlafaxine MR tablets. The patient reported in November feeling sick and requested a change back to MR capsules. Another patient with anxiety and depression had capsules specifically requested by secondary care as they have been stable on these for some time and did not want to destabilise management. The Committee accepted the appeal as the practice has shown good practice by clearly recording the reasons for not switching to the preferred option. • The Committee noted that indicators with very small numbers of patients can significantly impact on the chances of practices achieving thresholds. • Some information to practices on the type of supporting evidence required for appeals perhaps at the launch events in 2018/19. • Articulate in appeal outcome letters and any future briefings the importance of early review and the impact of small patient numbers.	
6. Glargine Safety Summary – OptimiseRX messages There are now 3 different insulin glargine preparations currently available on the UK market, including biosimilar preparations, of varying strengths. These are not bioequivalent and it is not recommended to switch between preparations without the supervision of a diabetes specialist as patients may need dosage adjustments and close monitoring of their blood glucose. The Medicines and Healthcare products Regulatory Agency (MHRA) recommended it is good practice to prescribe biological products by brand name to ensure that substitution of a biosimilar product during dispensing does not occur. This also facilitates post-launch pharmacological vigilance, and allows products to be identified where issues arise. The National Institute for Health and Care Excellence (NICE) also recommend branded prescribing of biological medicines so that substitution cannot take place during dispensing. There are 2 further insulin glargine biosimilars which are due to come on the market in the next 2 years. There is no current message on OptimiseRx regarding prescribing of insulin glargine cartridges or prefilled pens by brands. It also does not currently recognise the risk associated with choosing the incorrect strength of glargine. EMIS web previously had a high severity warning around the difference in strength however this has now been changed to a medium severity message with brief information on the risks	AH to finalise memo and OptimiseRx message for publication

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The Committee is asked to recommend their preferred option of the following and approve the associated message to be added to OptimiseRx and the content of the memo that will be sent to practices: • Option 1: All prescriptions for insulin glargine only to be branded because it is felt the OptimiseRX and EMIS do not sufficiently cover the risks of changing from one product to another. • Option 2: Prescriptions for all insulin products to be branded to reduce the potential for errors in prescribing and dispensing. This would future-proof against the release of any further biosimilar insulin products. Both options have been forwarded for review to the diabetes clinical lead and comments are awaited. The Committee approved option 2 and the associated OptimiseRx message and content for memos to prescribers. It was noted that the trusts are using more high strengths insulins and switching between products could present a real patient safety issue. Research also shows that when insulin is prescribed and dispensed generically there are increased errors. The Committee noted that the South East London Diabetes Medicines Working Group will review new insulin products as they appear on the market, the associated costs and provide recommendations on preferred products where more than one product exists. A suggestion was made to include a link to the e-learning module, The six steps to insulin safety, mentioned on the NICE web page.	
7. Self-care over the counter medicines: • **Self-care resources** ➢ Malaria prevention leaflet ➢ Malaria prevention poster ➢ Self-care OTC leaflet ➢ Self-care OTC poster ➢ Travel vaccine leaflet ➢ Travel vaccine poster Word copy to be included in posters and leaflets was shared with the Committee members in the agenda pack. Further amendments were made prior to the meeting to use more patient-friendly language. The amended versions will circulated after the meeting for comment. Committee members to forward any comments to JS by 22 September 2017. Once approved the word copy will be sent to the printers, to design, print and distribute resources to practices. The Chair offered to take the word copy to the Patient Participation Group meeting later that day, for comments, particularly with a focus on future proofing. • **NHS England items which should not be routinely prescribed in primary care: A Consultation on guidance for CCGs** NHS England is keen for CCGs to respond to the consultation. Primary care leads in South East London are keen to have a response from Lambeth CCG as there is recognition that we have done most of the work outlined in the NHS England consultation already as part of previous Medicines Optimisation Schemes. The Committee agreed that the Medicines Optimisation team would collate any responses received from the Committee, practices, patients or members of the public and submit as a CCG response.	ALL to provide comments to JS by 22 Sept MS to collate comments and produce Lambeth CCG response to consultation.
8.Patient Group Direction (PGD) for the supply of Levonorgestrel 1.5mg	

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Emergency Contraception (LNG-EC) by Community Pharmacists The following have been updated/added to the PGD: • Inclusion and exclusion criteria updated. Changes include advice on when to use LNG-EC following child birth, abortion or miscarriage. • Promotion of the first line use of a copper interuterine device (IUD) • Consideration of the use of double dose LNG-EC if the patient has a high Body Mass Index (BMI) Suggestions of additional points to discuss with patients were received from the PGD working group. These are yet to be added to the checklist in appendix 1, along with a patient decision tool. The Committee approved a clinical recommendation to the Local Authority to use this PGD, subject to review of any further clinical changes.	
9.Standing Items	
• **Finance update** Challenges are: • issues with supply shortages to a small number of category M drugs - particularly two items in the mental health area have meant that the stable drug tariff reimbursement price has been replaced by no cheaper stock obtainable (NCSO) concession pricing. The Department of Health (DH) agree and publish the NCSO list each month). The impact of NCSO concession pricing in Lambeth is that there was an additional cost of £100,000 on these drugs from Quarter 1 16/17 vs Quarter 1 17/18 - (the full year impact if the supply issue is not resolved will be approximately £400,000).This is clearly outside of our pharmacists control as it is a supply chain issue. The DH has started a consultation (closing mid November) on changing the rules, to allow it more ability to better manage the potential profiting in the supply chain. • issues with the NHS England and NHS Clinical Commissioners " top 18 drugs " list - there is an increasing focus on performance on a handful of drugs which have been labelled "low clinical value". Lambeth have very little prescribing for a number of these products because of on-going work. However there are a couple of products on the list for which we have significant prescribing. We will have to look at how we support prescribers to review whether on going primary care prescribing of these items is appropriate. Opportunities are: • The Month 3 finance figures do not reflect the range of work we are looking to introduce during 2017-18 or recent price changes. • Pregabalin has now moved to category M in the Drug Tariff for all indications. Whilst it is subject to NCSO, again because of supply chain issues, the price for the generic product has dropped by 66%. Lambeth spent about £75,000 per month in Q1 17/18 and are predicted to spend £25,000 (or less) per month in Q3 17/18. -The main task is to encourage prescribers to prescribe pregabalin generically. • We have undertaken a consultation regarding selected travel vaccines and malaria prevention medicines earlier in the financial year. The Governing Body approved the changes to local prescribing. We are now	

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implementing the changes. We need to support prescribers to advise patients of the change and feedback to colleagues uptake of the change. • We also undertook a consultation regarding prescribing of over-the-counter products for self care. The Governing Body approved the changes to local prescribing. Again we need to support prescribers to advise patients of the changes. All 6 South East London boroughs have implemented or are planning to introduce similar changes. • Both of these changes to local prescribing guidance will have an impact on prescribing expenditure - though the exact figure by month is harder to predict. • We are supporting practices and their local pharmacies with the area of repeat prescribing through "training / awareness" sessions which are being run in October and November. 80% of all prescribing in primary care is repeat prescribing for the management of long term conditions. We are also aware that there is an estimate that 4-7% of medicines are wasted. We will be encouraging practices, with their local pharmacies to look at repeat prescribing systems so only medicines wanted by the patient are issued. • We will review practices prescribing and see if there are any specific prescribing issues. We will need to raise these with the practice and any practice based pharmacists and discuss how they can be managed. Going forwards in 17/18, the role of practice based pharmacists will need to be better developed to support the overall agenda of medicine optimisation and clinically appropriate cost effective prescribing. • As a South East London wide exercise, two projects are being developed to see if we can collaboratively do work to further support the medicine optimisation agenda. One of the projects relates to stoma care. The project will look at prescribing models from Rotherham / Nottingham to see if we can both improve clinical stoma support to patients using these products and reduce inappropriate or unnecessary prescription requests to GP's. These projects are at a very early stage. • **Community pharmacy update** There are issues with supply of certain generic medication due to difficulties with quotas being imposed by distributors. There has been anecdotal feedback to LPC regarding the withdrawal of the local Minor Ailments Scheme. It was noted that the CCG has not received any complaints from patients regarding withdrawal of the Scheme. There have been some requests from community pharmacies for practices to reissue prescriptions and prescribe branded products due to supply issues and NCSO of certain generic medicines. The committee discussed if it was worth sending out some communication about the issues to prevent increased workload for pharmacists and GP practices. FR and RP agreed to discuss this outside of the meeting. • **Practice Pharmacist update** No update available • **OptimiseRx update**	

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No update available	
Items for Information	
• **Position Statement for Malaria prevention medicines** • **Position Statement for Self-care medicines** • **Position Statement for travel vaccines** • **Copy for self-care webpage** • **Copy for travel health webpage** • **Guy's & St Thomas's NHS Foundation Trust Drugs and Therapeutics Committee minutes July 2017** • **South East London Joint Formulary Committee minutes April 2017** • **South East London Area Prescribing Committee minutes June 2017** Noted	
• 2016/17 SEL APC Annual Report • Summary of antiplatelet options • Creatinine clearance information • Management of heart failure guidelines • Adult focal epilepsy pathway (updated) • Allergic Rhinitis pathway (updated) • Primary and secondary care IBD pathways (updated) • Cows milk allergy guidelines (updated) • Neuropathic pain guidelines (updated) • Vitamin D guidelines for adults • Vitamin D guidelines in paediatrics • Vitamin D guidelines in pregnancy and lactation • Adult RAG list (updated) • Recommendation 070 botulinum toxin in oesophageal spasm • Recommendation 071 botulinum toxin in achalasia • Recommendation 072 collagenase in Peyronie's Disease • Recommendation 073 Duavive® in hormone replacement therapy All APC guidelines were ratified for local use and upload to DXS.	
AOB • Antibiotic guidelines – Public Health have now released a new update so our update will be based on that. There will also be an antibiotic tool looking at urinary tract infections.	

2017 Meeting dates:

Date	Time	Venue
Wednesday 15 November 2017	10.00-12.00	Lewisham Room, 4th Floor, 1 Lower Marsh